



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 5723

SERIAL NUMBER 10/678,167	FILING OR 371(c) DATE 10/06/2003 RULE	CLASS 435	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. 238813US-6 DIV
-----------------------------	--	--------------	------------------------	---------------------------------------

APPLICANTS

Francine Goulet, Sainte-Foy, CANADA;
 Denis Rancourt, Levis, CANADA;
 Rejean Cloutier, Sillery, CANADA;
 Julie Tremblay, Beauport, CANADA;
 Francois A. Auger, Sillery, CANADA;
 Albert Normand, Sainte-Foy, CANADA, Deceased;
 Constance Guillemette, Sainte-Foy, CANADA, Legal Representative;
 Lucie German, St-Augustin, CANADA;
 Jean Lamontagne, St-Augustin, CANADA;
 Marc Bouchard, Sainte-Foy, CANADA;
 Eve Langelier, St-Etienne-de-Lauzon, CANADA;
 Daniel Dupuis, Sainte-Foy, CANADA;
 Stephane Bouchard, Hull, CANADA;
 Nazrul Islam, Sainte-Foy, CANADA;
 Louis-Mathieu Stevens, Montreal, CANADA;
 Sheila Laverty, St-Charles-sur-Richelieu, CANADA;
 Bertrand Lussier, St-Hyacinthe, CANADA;
 Anne-Marie Belzil, Outremont, CANADA;
 Pierrot Tremblay, Chicoutimi, CANADA;

**** CONTINUING DATA *******

This application is a DIV of 09/990,320 11/23/2001
 which claims benefit of 60/252,588 11/24/2000

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

12/29/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CANADA	17	20	1
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

4743

TITLE

Connective tissue substitutes, method of preparation and uses thereof

FILING FEE RECEIVED 1736	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
-----------------------------	---	--